

**GILA COUNTY PUBLIC FIDUCIARY  
P.O. BOX 693  
GLOBE, ARIZONA 85502**

**REFERRAL INFORMATION SHEET**

**CHECKLIST OF REQUIRED ATTACHMENTS:**

1. Declination to Serve from relatives \_\_\_\_\_
2. Physician's Statement \_\_\_\_\_
3. Social Worker's Report \_\_\_\_\_
4. Referral Information Sheet (this form)  
Completed on all pages \_\_\_\_\_

**ACTION REQUESTED:**

Guardian & Conservator \_\_\_\_\_  
Guardian Only \_\_\_\_\_  
Conservator Only \_\_\_\_\_

Name of Client \_\_\_\_\_  
(Last) (First) (Middle)

Social Security No. \_\_\_\_\_

Current Address \_\_\_\_\_  
(Street or P.O. Box)  
\_\_\_\_\_  
(City) (State) (Zip)

Telephone No. \_\_\_\_\_

Physical Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Telephone No. \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ U.S.Citizen? Yes \_\_\_\_\_ No \_\_\_\_\_

Marital Status \_\_\_\_\_ Spouse \_\_\_\_\_ Clubs \_\_\_\_\_

Religion \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_ Veteran Yes \_\_\_\_\_ No \_\_\_\_\_

AHCCCS Yes \_\_\_\_\_ No \_\_\_\_\_ No. \_\_\_\_\_ Medicare Yes \_\_\_\_\_ No \_\_\_\_\_ No. \_\_\_\_\_

Medical Insurance? \_\_\_\_\_ Agent \_\_\_\_\_ Policy No. \_\_\_\_\_  
(Company) (Name, Address & Phone #)

Doctor \_\_\_\_\_ Attorney \_\_\_\_\_  
(Name, address, & phone #) (Name, address, & phone #)

Does client have a burial plan? Yes \_\_\_\_\_ No \_\_\_\_\_ where? \_\_\_\_\_

Does client have a Will? Yes \_\_\_\_\_ No \_\_\_\_\_ Location of original Will \_\_\_\_\_  
(Attach a copy of Will, if available)

Referral Agency \_\_\_\_\_  
(Name) (Address) (Telephone No.) (Person to contact)

PHYSICIAN'S STATEMENT ATTACHED FROM \_\_\_\_\_  
(Name, Address, & Telephone No.)

**BANK ACCOUNT:**

<u>Type of Account</u>	<u>Location</u> (Name, Branch, Address & Telephone No.)	<u>Name(S) Account</u>	<u>Account No.</u>	<u>Amount</u>
<u>Checking</u>	_____	_____	_____	_____
<u>Savings</u>	_____	_____	_____	_____
<u>Certificate of Dep.</u>	_____	_____	_____	_____
<u>Safe Deposit Box</u> (Give location of key)	_____	_____	_____	_____
<u>Other</u>	_____	_____	_____	_____

**REAL PROPERTY:**

Give the following information: Is the property owned or rented by potential ward; name of the present occupant of property; name(s) in which title property is vested; address of property; legal description of property; including county, docket, and page where deed is recorded; estimated value of property; amount mortgage; name address and telephone no. of mortgage holder; amount of monthly payment; date last payment made; are payments current; amount of rental.

**OTHER ASSETS:** (Vehicles, mobile homes, boats, furniture, stocks, bonds, insurance policies, etc.)

<u>Title in Name(s) of</u>	<u>Description of Property</u> (Include Serial No., License No., Certificate No., or any other Identifying information)	<u>Where is Title, Stock Certificate, etc.?</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**DEBT:**

<u>To</u>	<u>For</u>	<u>Amount</u>	<u>Date Due</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**SOCIAL WORKER'S REPORT ATTACHED FORM**\_\_\_\_\_

(Name, address, &amp; telephone No.)

**RELATIVES OR FRIENDS:** (List in order as follows: \*Spouse, \*Parents, \*Adult Children, \*Next of Kin, \*Persons having care or custody, Friends) \*Statement of inability or unwillingness to serve, or evidence of notification thereof, must accompany this form.

<u>Relationship to Ward</u>	<u>Name</u>	<u>Address</u>	<u>Telephone No.</u>
Spouse	_____	_____	_____
Parents	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**INCOME:**

<u>Source</u>	<u>Account No.</u>	<u>Amount</u>	<u>Date Payable</u>
Social Security	_____	_____	_____
S.S.I (Welfare)	_____	_____	_____
Veteran's Administration	_____	_____	_____
Civil Service	_____	_____	_____
Pension or Annuities (List Payee)	_____	_____	_____
Other	_____	_____	_____

This image shows a full page of blank, lined paper. It features approximately 30 horizontal black lines spaced evenly across the page, typical of notebook or legal pad paper. The lines are thin and extend from the left edge to the right edge. There are no margins, text, or other markings on the page.